

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019346

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
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50						
TOTAL IND.	1		2			
TOTAL DEP.	9	↓	16	↓		
TOTAL CLAIMS	10		18			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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